fetid matter by the veins, or from sympathetic brain affection, producing abscess, etc.

The happy result of the two cases here most undeniably justified the means. I had never resorted to this operation before, and I see, on referring to Toynbee on Diseases of the Ear, that he had never performed the operation, though he had spoken favourably of the probable success which might follow it. In my two cases I feel satisfied that the operation saved the lives of both patients. To perforate the bone a strong scalpel is necessary; otherwise the knife is sure to break, as mine did in case No. 1. The inflammation has a softening effect upon the outer hard table of the process, and the bone cuts as if you were forcing an instrument through a thickish piece of India-rubber. Steady and firm pressure must be made with the instrument used, in case a sudden and unexpected jerk should force it through the thin and inner boundary wall in close proximity to the lateral sinus.

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47. *Tracheotomy performed by the Galvano-caustic knife.*—M. VERNEUIL communicated to the Academy of Medicine, April 23, 1872, a case in which he had successfully operated by this method. Not more than forty or fifty drops of blood were lost. M. V. maintains that the galvano-cautery is less complicated than the écraseur; that it is very easily and conveniently managed; that the production and maintenance of the heat is readily accomplished; and finally that no process more effectually guards against the danger of hemorrhage.—*L'Movement Médicale,* April 28, 1872, and *L' Union Médicale,* April 25.

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48. *New Process for Extracting Fragments of Urinary Calculi.*—M. RELIQUET communicated to the "Société Medico-Pratique de Paris," his process for extracting fragments of urinary calculi entangled in the eyes of the evacuating sound after lithotrity. It consists in injecting continuously and forcibly through the sound, a current of water while the sound is being withdrawn. This current of water fixes the fragments against the posterior border of the eyes, and then while the instrument is being withdrawn, it surrounds the prominent portions of the fragments, and at the same time distends the parietes of the urethra. By this means few fragments are left in the bladder after every operation of lithotrity, and the number of these operations required is lessened; and further, the chance of fragments being arrested in the urethra is diminished.—*L' Union Médicale,* May 23, 1872.

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49. *Injection of Solution of Ergotine for Varicose Veins of the Lower Extremity.*—Dr. PAUL VOGT, Assistant Surgeon in the Out-Patient Clinic at Griefswald, encouraged by the benefit which Langenbeck and others have derived from treating small aneurisms by hypodermic injection of the solution of ergotine, determined upon trying it in varicose veins of the lower extremity. Hitherto, as the various attempts at obtaining a radical cure of this affection by producing obliteration of the veins over a certain extent has led to evils and dangers out of proportion to the affection itself, he has confined himself to palliative treatment. He refers (*Berlin, Kl. Woch.,* March 4) to a case in which an extensive varix which had occupied the leg for years yielded in the course of a week to two ergot injections (ext. sec. cornut. two parts, to sp. vini and glycerine of each seven parts), this being replaced by a hard, circumscribed infiltration, which eventually subsided. In various other cases as remarkable results have followed.

In explanation of the action of the ergot, Dr. Vogt believes that the following points are worthy of consideration: 1. From clinical and experimental observation the ergot injection produces contraction of the muscular coats of the vessels—chiefly of the arteries. Through the contraction of the calibre of the arteries thus produced (especially operative on those of medium calibre which are rich in smooth muscular fibre), less blood is carried into the veins, this lesser quantity being propelled with greater velocity. 2. The ergot also acts upon the muscular coat of the veins; for although this after years of persistent dilatation may have disappeared in many places, yet in others it is always still present. When, indeed, the varices have not been of prolonged duration, that a considerable elasticity of the walls of the veins persists is shown in puerperal women, who often prior to delivery have varicose veins as thick as the finger, which only a few days after that event entirely subside. 3. It is possible that some effect may be exerted by the direct compression produced on the varix by the infiltration-swelling which results.

Whether the favourable results which in all these cases have been so striking will prove definitive cannot be decided, as sufficient time has not elapsed to allow of the cure being regarded as radical. At all events, so simple and harmless a method is well worthy of further trials; and Dr. Vogt has derived good results from its employment in other forms of phlebectasis, in varicocele, hæmorrhoids, and certain forms of angioma.—*Med. Times and Gaz.* May 11th, 1872.

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50. *M. Alphonse Guérin's Cotton-wadding Dressing for Wounds.*—This method, which was described in our No. for October, 1871, p. 561, seems to have met with much favour in France. M. Flaux, in an interesting article in the *Gazette des Hôpitaux,* Nos. 22 and 25, (*Med. Times and Gazette,* April 6, 1872) calls attention to its eminent applicability in military surgery. The experience at the St. Louis during the War of the Commune, carried on under very unfavourable circumstances, exhibited its great superiority in a remarkable manner. Success attended this treatment of the most complicated as well as the most simple wounds, prevention of purulent infection by the filtering action of the wadding being a chief cause of this. The simplicity, facility, and rapidity of this mode of dressing constitute its chief feature, several sheets of wadding and five or six strong rollers being all the apparatus required. The dressing is always applied or renewed elsewhere than in the impure air of the wards. After having washed the stump or wound with tepid water, to which carbolic acid or camphorated spirit has been added, M. Guérin cuts all the ligatures save the principal one close, and fills up the depths with small masses of cotton level with the surrounding parts. Wadding is then applied in sheets or rollers until the part is surrounded by a thick and voluminous cylindrical cuirass, which extends far beyond the limits of the wound. The limb and applied wadding being held by the assistants, the surgeon next applies a strong resisting bandage, twelve metres in length, in such a manner that after securing the proper adjustment of the wadding by its aid, he employs all the force he is master of in producing compression. However energetic or laborious this may be (never executing it with violence or jerks, however), the elasticity of the wadding renders it painless to the patient, and its being so is the test that a sufficiency of wadding has been applied. M. Guérin regards this "elastic compression" as one of the best elements in the treatment, preventing, as it does, abscess, purulent sinuses, induration, œdema, and other accidents. Under this compression, and in spite of the mass of wadding and bandage which surrounds it, the skin in the vicinity of the wound retains all its elasticity, supleness, and physiological properties. The dressing once applied, whatever may be the seat, extent, or gravity of the wound, *all pain is immediately suppressed;* and thus, protected by so substantial a covering, the patient can be carried or walk back to the ward without any inconvenience.

Another peculiarity of this mode of dressing is the rarity of its renewal, this only taking place at periods varying from twenty-five to forty days. At the end of two or three days there is usually some loosening of the bandage, which has to be remedied by the application of a new one, this usually rendering the whole solid enough until the time arrives for its removal. When any of the secretion oozes through the bandage, or air gains admission at its upper part, additional layers of wadding and a new bandage have to be applied. This is a rare occurrence, and is usually due to insufficient wadding having been employed, the bandage not being tight enough, or the meddling of the patient. The dressing is never removed before the twentieth day, and M. Guérin has always regretted when he has yielded to the impatience of the patient, only to find the wound proceeding rapidly towards a cicatrization that ought not to have been interrupted. No fetid odour attends the non-renewal of the dressing, and the slight smell of "old linen" which is sometimes present yields to the